

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>101070992</b>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1					52				
3		1					53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11	1		1				61				
12	1		1				62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16		1		1			66				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			13				TOTAL DEP.				
TOTAL CLAIMS			16				TOTAL CLAIMS				